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M342000-L

I understand that no change in my employment status or relationship with the United States Government will relieve me of my obligation under this Agreement.

I have been advised of the procedures to follow in order to determine the identity of individuals who have been approved for access to this Project, the current estimate of hazard involved in travel to a foreign area or to resolve any other question which may arise under this Agreement.

PROJECTS*	
JENNIFER (AZORIAN, URALITE, LYRICAL, TAMBOURINE, CROFTON) 24	
NAME OF WITNESS (Type or Print)	NAME (Type or Print) Clare Boothe Luce
SIGNATURE OF WITNESS Robert E Reidenheimer	SIGNATURE Clare Boothe Luce
REMARKS PHASE ______ SOCIAL SECURITY# ______ DATE OF BIRTH ______ PLACE OF BIRTH ______	NAME & ADDRESS OF AFFILIATION PFIAB DATE 1 August 1973

*The signator should place his initials after each Project name.

SECRET